Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WELLINGTON PLACE OF FORT ATKINSON (0009626) Address: 200 S WATER STREET WEST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096996 End Date: 04/11/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008370 Served 05/26/2006

Deficiencies Cited Subject Area Subject Area Subject Area Verified Corrected

83.21(4)(p) PROMPT AND ADEQUATE TREATMENT

83.41(9) CLEANLINESS OF ROOMS

Survey ID: 0094217 End Date: 02/24/2005 Type: STANDARD Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008135 Served 03/09/2005

Compliance

Deficiencies Cited
83.13(7)(a)9Subject Area
TRAINING AND INSERVICE REQUIREMENTSVerified
04/11/2006Corrected
Yes

83.33(3)(e)2.b INJECTIONS 04/11/2006 Yes

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0091879 End Date: 01/08/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008658 Served 02/02/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	02/24/2005	Yes
83.17(3)(a)1	HOLDING RESIDENT FUNDS-MORE THAN \$200	02/24/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	02/24/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	02/24/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	02/24/2005	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	02/24/2005	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	02/24/2005	Yes

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Provider Inspection Summary

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/24/2006 SOD #10008370 Appealed: No

Sanctions

FORFEITURE---83.21(4)(p)

Date: 03/08/2005 SOD #10008135 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT FORFEITURE---83.13(7)(a)9

Date: 01/29/2004 SOD #10008658 Appealed: No

Sanctions

PROVIDE TRAINING FORFEITURE---83.14(1)(d) FORFEITURE---83.21(4)(p)

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History				
Date Complaint Received: 01/07/2005	e Complaint Received: 01/07/2005 Date Investigation Completed: 03/02/2005			
Subject Area(s) PROGRAM SERVICES	Result NOT SUBSTANTIATED	<u>SOD #</u>		
Date Complaint Received: 08/11/2003	Date Investigation Completed: 01/08/20	04		
Subject Area(s) PROGRAM SERVICES	Result SUBSTANTIATED	SOD # 10008658		
Date Complaint Received: 08/01/2003	Date Investigation Completed: 01/08/20	04		
Subject Area(s) ADMINISTRATION STAFF TRAINING AND PROFICIENCY	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#		
PROGRAM SERVICES OTHER	SUBSTANTIATED NOT SUBSTANTIATED	10008658		